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Correspondence

Acute Flaccid Myelitis Surveillance During the COVID-19 Pandemic



We read with interest the article on acute flaccid myelitis (AFM) by Hopkins et al.¹ We agree with the authors about the need for vigilance for AFM amid the coronavirus (COVID-19) pandemic. We would like to highlight our perspective regarding the problems faced in the diagnosis in the developing countries.

We concur with the authors that misdiagnosis of AFM is not uncommon. With repeated outbreaks in many countries including the United States and Japan, the under-reporting from other densely populated countries like India is perplexing.² This is probably due to misdiagnosis and relatively expensive viral testing. Many times, there is a poor clinico-radiological correlation with diffuse edema and widespread cord signal changes, making the diagnosis more difficult.³ Hence, sequential magnetic resonance imaging studies may be useful, especially when organisms could not be isolated, to confirm anterior horn cell involvement.^{2,3} Additionally, it may be useful to incorporate AFM surveillance into the ongoing acute flaccid paralysis and poliomyelitis surveillance systems specific to each country. Viral testing for AFM should be region- and season-specific, especially in tropical developing countries. Testing should include Japanese encephalitis, adenovirus, herpes viruses, etc. Additionally, there have been reports of AFM due to COVID-19.⁴ Therefore, COVID-19 testing should be a part of the evaluation for AFM similar to other infectious and parainfectious neurological presentations.⁵ With the recent release of at least two effective

vaccines, we can be optimistic about the end of the current pandemic. But outbreaks of COVID-19 may continue, and AFM can be one of its manifestations.

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